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Bib Data Sheet

CONFIRMATION NO. 7938

SERIAL NUMBER 10/092,108	FILING DATE 03/06/2002  RULE	CLASS 382	GROUP ART UNIT 2625	ATTORNEY DOCKET NO. RADIN-001A
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## APPLICANTS

Ronald F. Rykowski, Woodinville, WA;

Douglas F. Kreysar, Duvall, WA;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 04/11/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature Initials	STATE OR COUNTRY WA	SHEETS DRAWING 2	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 2
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## ADDRESS

Kit M. Stetina  
 STETINA BRUNDA GARRED & BRUCKER  
 Suite 250  
 75 Enterprise  
 Aliso Viejo , CA  
 92656

## TITLE

Stray light correction method for imaging light and color measurement system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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